



00684.002728.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
Tomoharu HASE)	Examiner: H. Nguyen
Application No.: 09/145,982)	Group Art Unit: 2851
Filed: September 3, 1998)	
For: EXPOSURE APPARATUS AND)	May 28, 2002
DEVICE MANUFACTURING)	
METHOD INCLUDING GAS)	
PURGING OF A SPACE)	
CONTAINING OPTICAL)	
COMPONENTS)	

#31/19
6/4/02
JP

Commissioner for Patents
Washington, D.C. 20231

RECEIVED
MAY 31 2002
TC 2600 MAIL ROOM

RESPONSE TO RESTRICTION REQUIREMENT
AND SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

Response to Restriction Requirement

In response to the restriction requirement set forth in the Office Action of April 26, 2002, Applicants respectfully elect the invention of Group II, claims 25-46.

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In re Application of:

Tomoharu HASE

Application No.: 09/145,982

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For: EXPOSURE APPARATUS AND DEVICE
MANUFACTURING METHOD INCLUDING
GAS PURGING OF A SPACE CONTAINING
OPTICAL COMPONENTS

Examiner: H. Nguyen

Group Art Unit: 2851

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Sir:

Transmitted herewith is a Response to Restriction Requirement and Supplemental Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43	MINUS	42	= 1	x \$9 \$18	\$ 18.00
INDEP. CLAIMS	10	MINUS	13	= 0	x \$42 \$84	\$ 0.00
Fee for Multiple Dependent claims \$140/\$280						\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 18.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.



A check in the amount of \$18.00 is enclosed including the additional claims fees.



Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.



Any prior general authorization to charge an issue fee under 37 CFR § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.



A check in the amount of \$_____ to cover the extension fee for a _____ month is enclosed.

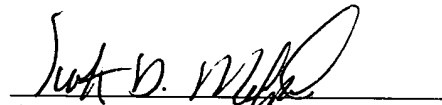


A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.



Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Scott D. Malpede

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